

**PAPERWORK REDUCTION ACT SUBMISSION**

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Manager of Information, Budget, Docket Library, Room 10102, 725 17th Street NW Washington, DC 20503.**

1. Agency/Subagency originating request Environmental Protection Agency		2. OMB control number                      b. None a 2050 - 0041	
3. Type of information collection ( <i>check one</i> ) a. <input type="radio"/> New collection b. <input type="radio"/> Revision of a currently approved collection c. <input checked="" type="radio"/> Extension of a currently approved collection d. <input type="radio"/> Reinstatement, <b>without change</b> , of a previously approved collection for which approval has expired e. <input checked="" type="radio"/> Reinstatement, <b>with change</b> , of a previously approved collection for which approval has expired f. <input type="radio"/> Existing collection in use without an OMB control number  <i>For b-f, note item A2 of Supporting Statement Instructions</i>		4. Type of review requested ( <i>check one</i> ) a. <input checked="" type="radio"/> Regular b. <input type="radio"/> Emergency - Approval requested by: ____/____/____ c. <input type="radio"/> Delegated  5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? <input type="radio"/> Yes <input checked="" type="radio"/> No  6. Requested expiration date a. <input checked="" type="radio"/> Three years from approval date    b. Other Specify: ____/____/____	
7. Title  Final Authorization for Hazardous Waste Management			
8. Agency form number(s) ( <i>If applicable</i> )  0969.04			
9. Keywords  Waste, Hazardous, Solid Waste			
10. Abstract  In order for a State to obtain final Authorization for a State hazardous waste program, it must submit an official application to EPA for review. EPA will use the information submitted by the State to determine whether the State's program meets the statutory and regulatory requirements for authorization.			
11. Affected public ( <i>Mark primary with "P" and all others that apply with "X"</i> ) a. <input type="checkbox"/> Individuals or households    d. <input type="checkbox"/> Farms b. <input type="checkbox"/> Business or other for-profit    e. <input checked="" type="checkbox"/> Federal Government c. <input type="checkbox"/> Not-for-profit institutions    f. <input checked="" type="checkbox"/> State, Local or Tribal Government		12. Obligation to respond ( <i>Mark primary with "P" and all others that apply</i> ) a. <input type="radio"/> Voluntary b. <input checked="" type="radio"/> Required to obtain or retain benefits c. <input type="radio"/> Mandatory	
13. Annual reporting and recordkeeping hour burden a. Number of respondents                      49 b. Total annual responses                      12 1. Percentage of these responses collected electronically                      0 % c. Total hours requested                      4,843 d. Current OMB inventory                      5,370 e. Difference                      (535) f. Explanation of difference 1. Program Change                      decrease in program revision requirements 2. Adjustment                      decrease in annual responses		14. Annual reporting and recordkeeping cost burden ( <i>in thousands of dollar</i> ) a. Total annualized capital/startup costs                      0 b. Total annual costs (O&M)                      0 c. Total annualized cost requested                      0 d. Current OMB inventory                      0 e. Difference f. Explanation of difference 1. Program change 2. Adjustment	
15. Purpose of information collection ( <i>Mark Primary With "P" and all others that apply with "X"</i> ) a. <input type="checkbox"/> Application for benefits    e. <input type="checkbox"/> Program planning or management b. <input type="checkbox"/> Program evaluation    f. <input type="checkbox"/> Research c. <input type="checkbox"/> General purpose statistics    g. <input checked="" type="checkbox"/> Regulatory or compliance d. <input type="checkbox"/> Audit		16. Frequency of recordkeeping or reporting ( <i>check all that apply</i> ) a. Recordkeeping                      b. <input type="radio"/> Third party disclosure c. Reporting 1. <input type="radio"/> On occasion                      2. <input checked="" type="radio"/> Weekly                      3. <input type="radio"/> Monthly 4. <input checked="" type="radio"/> Quarterly                      5. <input checked="" type="radio"/> Semi-annually                      6. <input checked="" type="radio"/> Annually 7. <input checked="" type="radio"/> Biennially                      8. Other (describe)	
17. Statistical methods Does this information collection employ statistical methods?  <input type="radio"/> Yes <input checked="" type="radio"/> No		18. Agency contact ( <i>person who can best answer questions regarding the this submission</i> ) Name: James A. Terrell Phone: (703) 308-6496	

19. Certification Paperwork Reduction Act Submissions

On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. The certification is to be made with reference to those regulatory provisions as set forth in the instructions.

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
  - (I) Why the information is being collected'
  - (ii) Use of information;
  - (iii) Burden estimate;
  - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
  - (v) Nature and extent of confidentiality; and
  - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (I) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Program Official Elizabeth A. Cotsworth, Acting Director Office of Solid Waste	Date
Signature of Senior Official or designee Joseph Retzer, Director Regulatory Information Division Office of Regulatory Management and Evaluation (OPPE)	Date